# FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
OMB Number	3235-0076					
Expires:	April 30, 2008					
Estimated average burden						
hours per response	16.00					

PROCESSED

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### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix Serial						
DATE RECEIVED						
		•				

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Shares of AlphaGen Eltanin Fund Limited							
Filing Under (Check box(es) that apply):							
A. BASIC IDENTIFICATION DATA							
Enter the information requested about the issuer							
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  AlphaGen Eltanin Fund Limited							
Address of Executive Offices (Number and Street, City, State, Zip Code) PO Box 513 Strathvale House North Church Street George Town, Grand Cayman, Cayman Islands  Telephone Number (Including Area Code) + 1 345 914 7552							
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Nu (if different from Executive Offices)							
Brief Description of Business							
Private Investment Fund 08053292							
Type of Business Organization    corporation   limited partnership, already formed   business trust   limited partnership, to be formed   other (please specify): Cayman Islands Exempted Company							
Month Year  Actual or Estimated Date of Incorporation or Organization: 10 05 🖾 Actual 🗌 Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada: FN for other foreign jurisdiction) FN							

#### **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6),

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not

SEC 1972 (6-02) required to respond unless the form displays a currently valid OMB control number.

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#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Ward, Hugh Business or Residence Address (Number and Street, City, State, Zip Code) Sunset Lodge, La Route de Haut, St. Brelade, Jersey JE3 8AR Check Box(es) that Apply: Promoter Beneficial Owner □ Director General and/or ☐ Executive Officer Managing Parmer Full Name (Last name first, if individual) Meyer, Jeffrey Business or Residence Address (Number and Street, City, State, Zip Code) 8 Fenchurch Place, London EC3M 4PB United Kingdom □ Director ☐ General and/or □ Executive Officer Managing Partner Full Name (Last name first, if individual) Riehl, Heinz Business or Residence Address (Number and Street, City, State, Zip Code) Admirals Cove Club, 187 Island Drive, Jupiter, FL 33477, United States Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Bolster, Dr. Paul Business or Residence Address (Number and Street, City, State, Zip Code) 62 Juniper Road, Andover, Massachusetts, 01810 USA Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ■ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

_					В	. INFORM	MATION	ABOUT (	FFERIN	G			•		
1.	Has the issue	er sold, or o	does the is	suer intend	l to sell, to	non-accre	dited inves	tors in this	s offering?					Yes ⊠	No
	Answer also in Appendix, Column 2, if filing under ULOE.														
2.	·										\$ <u>100,0</u>	<u> </u>			
3. Does the offering permit joint ownership of a single unit?									Yes ⊠	No					
4.	Enter the information person or again than five (5) dealer only.	n for solici ent of a br	tation of p oker or de	urchasers aler registe	in connect cred with 1	ion with s he SEC ar	ales of sec nd/or with	urities in t a state or:	he offering states, list	g. If a per the name (	son to be of the bro	listed is an ker or deal	associated er. If more		
Ful	l Name (Last i	ame first,	if individu	al)											
	iness or Resid														
-	ne of Associat rtmore Distri														
Stat	es in Which P	erson Liste	xd Has Sol	icited or In	tends to S	olicit Purc	hasers	•	-	• • •					
	(Check	"All States	s" or checi	k individua	l States)		•••••				***************************************		****************	🗌 AI	l States
	[ALX] [ILX] [MTX] [RIX]	[AKX] [IN] [NEX] [SCX]	[AZX] [IAX] [NVX] [SDX]	[ARX] [KSX] [NHX] [TN]	[CAX] [KYX] [NJX] [TXX]	[COX] [LAX] [NMX] [UTX]	[CTX] [ME] [NYX] [VTX]	[DEX] [MDX] [NCX] [VAX]	[DCX] [MAX] [NDX] [WAX]	[FLX] [MIX] [OHX] [WVX]	[GAX] [MNX] [OKX] [WIX]	[HIX] [MSX] [ORX] [WYX]	[IDX] [MOX] [PAX] [PR]		
Full	Name (Last r	name first,	if individu	al)						-					
Bus	iness or Resid	ence Addr	ess (Numt	per and Stre	eet, City, S	tate, Zip C	Code)					_			
Nar	ne of Associat	ed Broker	or Dealer												
Stat	es in Which P	erson Liste	xi Has Sol	icited or In	tends to S	olicit Purc	hasers			····					
	(Check "All	States" or	check indi	vidual Stat	es)	•••••	·····	••••	•••••	******				🗆 AI	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full	Name (Last r	ame first,	if individu	al)			· · · · · · · · · · · · · · · · · · ·						<u></u>		
Bus	iness or Resid	ence Addr	ess (Numb	per and Stro	æt, City, S	tate, Zip C	Code)						<u> </u>		
Nar	ne of Associat	ed Broker	or Dealer				· · ·	<del></del>							
Stat	es in Which P	erson Liste	d Has Sol	icited or In	tends to S	olicit Purc	hasers								
(Check "All States" or check individual States)								🗖 Aī	States						
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	<b>\$</b>			\$
	Equity	\$ <u>1.</u> (	000,000,000		\$ <u>234,492.43</u>
	□ Common □ Preferred				
	Convertible Securities (including warrants)	\$			\$
	Partnership Interests				\$
	Other (Specify Participating Shares )	\$.			\$
	Total		1,000,000,000		\$234,492.43
	Answer also in Appendix, Column 3, if filing under ULOE.	_			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		3	_	\$ <u>234,492.43</u>
	Non-accredited Investors	_			\$
	Total (for filings under Rule 504 only)			_	\$
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
			Type of		Dollar Amount
	Type of Offering		Security		Sold
	Rule 505				\$
	Regulation A				\$
	Rule 504				\$
	Total			_	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	•••••	••••••••••••		\$
	Printing and Engraving Costs	•••••			\$
	Legal Fees	•••••	•••••••••••••••••••••••••••••••••••••••	$\boxtimes$	\$\$
	Accounting Fees	•••••			\$
	Engineering Fees				
	Sales Commissions (specify finder's fees separately)				
	Other Expenses (identify)				
	Total			X	\$50,000
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."				\$999,950,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5.	Indicate below the amount of the adjusted gross proce proposed to be used for each of the purposes shown. purpose is not known, furnish an estimate and check the estimate. The total of the payments listed must exproceed to the issuer set forth in response to Part C – C	If the amount for any he box to the left of the qual the adjusted gross		
	•		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		□ \$	<b>\$</b>
	Purchase of real estate		<b>\$</b>	□ \$
	Purchase, rental or leasing and installation of machiner	y and equipment	<b>\$</b>	<b>\$</b>
	Construction or leasing of plant buildings and facilities		<b>\$</b>	<b>\$</b>
	Acquisition of other businesses (including the value involved in this offering that may be used in exchange of securities of another issuer pursuant to a merger)	for the assets	□ \$	<b>\$</b>
	Repayment of indebtedness		□ \$	□ \$
	Working capital		□ \$	□ \$
	Other (specify): Investment Capital		□ \$	
followin	Total Payments Listed (column totals added)  D. FEDE  uer has duly caused this notice to be signed by the under signature constitutes an undertaking by the issuer to of its staff, the information furnished by the issuer to an	ERAL SIGNATURE ersigned duly authorized of furnish to the U.S. See	\$ 999,950,000  person. If this notice is file curities and Exchange Com	d under Rule 505, the mission, upon written
Issuer (	Print or Type)  Gen Eltanin Fund Limited	Signature S.	Men Date 7/6	2/05
	of Signer (Print or Type) - MEYEル	Pitle of Signer (Print or Director	Type)	
			END	
	Intentional misstatements or omissions of fact of	ATTENTION constitute federal criminal v	violations. (See 18 U.S.C. 1001	.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS